



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

DEEPAK V. CHAVDA, MD, PA

Respondent Name

FIDELITY & GUARANTY INSURANCE

MFDR Tracking Number

M4-16-0936-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

DECEMBER 10, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to the contract, payment is to be issued within [45] days of receipt of a clean claim; otherwise, the provider discount is forfeited and full-billed charges are due."

Amount in Dispute: \$212.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider's request was not datestamped as received by DWC MRD until 12/10/15. **Consequently, it is not timely as to the DOS at issue per Rule 133.307(c)(1)(A).** The provider has waived its right for MFDR. Please dismiss. **The EOBs raise underlying issues of causal relation.**"

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 29, 2014	CPT Code 99213 Office Visit	\$ 187.00	\$0.00
	CPT Code 99080-73 Work Status Report	\$25.00	\$0.00
TOTAL		\$212.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 219-Supplemental medical-legal evaluation only reimbursable when records, test results or other medically relevant information is not available to the physician at the time of the initial exam.
 - W3-Additional payment made on appeal/reconsideration.

- 193-Original payment decision is being maintained. This claim was processed properly the first time.

Issue

1. Does a causal relation issue exist in this dispute?
2. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. 28 Texas Administrative Code §133.307(d)(2)(F) states, "The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review. If the response includes unresolved issues of compensability, extent of injury, liability, or medical necessity, the request for MFDR will be dismissed in accordance with subsection (f)(3)(B) or (C) of this section."

The respondent raises a causal relation issue in the position summary. This denial reason is not supported in the submitted explanation of benefits; therefore, the Division finds no documentation to support this issue was raised prior to the date the request for MFDR was filed with the division. The causal relation issue will not be considered further in this review.

2. 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the services in dispute is October 29, 2014. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on December 10, 2015. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute have not been addressed.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	12/29/2015 _____ Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.